

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FLING DATE**

**APPUCANT(S)**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	1					
TOTAL DEP.	27	↔	↔		↔	↔
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
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